P.O. Box 338, Sugar Grove, Ill 60554 (630) 466-4022

HOUND SITTING RELEASE FORM

I, the undersigned, hereby release Midwest Greyhound Adoption, Inc., and any volunteers or members from any and all liability that may occur during the hound sitting of my dog(s). I also will hold harmless the organization or individual for any injury that may occur.

This may include any claim(s) that I or any family member may have for any loss, damage, or injuries arising from the sitting of this/these dog(s).

I understand that Midwest Greyhound Adoption, Inc., and it's representatives will attempt to insure the welfare and health of my dog(s). In an emergency, appropriate medical care will be obtained. I understand and agree that I may be responsible for said medical bills if such a situation should arise.

I understand that payment for all sits will be collected by my sitter; checks to be made out to MGA. Fee Structure is as follows: \$25 per night per dog

Signature	Date	
Print Name		
First Name	Last Na	me
Additional Names (if more than one own	ner)	
Address		
Street	City, State	Zip Code
Home Phone	Cell Phone	
E-Mail Address		
Emergency Contact	Emergency Phone_	
Your Dog(s) Name(s)	Age(s)	M or F (circle one)
Veterinarian's Name		
Veterinarian's Phone		

Cell:

E-mail: midwestgreyhoundsits@gmail.com

708-699-8224

Please complete and return form to:

Ausra Petry 8830 Magnolia Ct. Orland Park, IL 60462-3428